

REQUEST TO ESTABLISH, CLOSE, EXPAND OR RELEASE, OR RELOCATE SPACE AND FACILITIES

INSTRUCTIONS: Prepare and make distribution in accordance with your Agency/Program internal procedures. Send original copy to the MRP-Minneapolis Business Site.

1. REQUEST APPROVAL TO ("X" as appropriate)

☐ Establish Office ☐ Close Office ☐ Relocate Office ☐ Expand Space ☐ Release Space

2. TYPE OF ACTION

☐ Routine (Dept. approval not required) ☐ Nonroutine (Dept. approval required)

3. TYPE OF FACILITY

4. TARGET DATE FOR CHANGE

5. PRESENT ADDRESS

6. PROPOSED ADDRESS

7. TITLE OR ORGANIZATION UNIT

8. ORIGINATING OFFICE

9. SIGNATURE ROUTING APPROVAL

NOTE: Approval signature(s) required in numerical order indicated. Return disapproved request directly to the Director, MRP-MBS, with written reasons for disapproval.

AMS	APHIS	P&SA	FGIS	SIGNATURE
	1		1	
1				
	2			
			2	
			3	
	3			
2				
			4	
		1	5	

Originator has been notified of approval. Copies have been distributed.

INITIALS

DATE

JUSTIFICATION STATEMENT *(Cite explanations and continuations by item number on separate sheet)*

	YES	NO		YES	NO
10. Is this action consistent with State, Regional, or local plans and programs? (If NO, explain on separate sheet)			13. Are funds available to meet all (If NO, explain on separate sheet)		
11. Is consolidation with other Agency or USDA activities possible?			Accounting Code		
12. Will cooperative programs be affected? (If YES, explain on separate sheet)			14. Have rural locations been considered? (Provide details on separate sheet).....		

15. STAFFING PATTERN

Present (Grade and Title)

Proposed (Grade and Title)

16. DESCRIPTION OF ACTIVITY, JUSTIFICATION FOR PROPOSED ACTION, LOCATION (if location is not entire city, specify boundaries and justify area desired), AND AN ORGANIZATIONAL PROPOSAL FOR NONROUTINE ACTIONS (If more space is needed, attach sheet)

17. DESCRIBE PROGRAM NEEDS, INCLUDING ADMINISTRATIVE SUPPORT FURNISHINGS AND EQUIPMENT, SPECIAL PURPOSE SPACE, PARKING NEEDS, AND SPECIAL REQUIREMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES. (If more space is needed, attach sheet)